

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 892-2109



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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: <u>24320</u>	4. Contact Name: <u>Dave Peterson</u>
2. Name of Operator: <u>DIAMOND OPERATING, INC.</u>	Phone: <u>(303) 494-4420</u>
3. Address: <u>P O BOX 18746</u>	Fax: _____
City: <u>BOULDER</u> State: <u>CO</u> Zip: <u>80308</u>	Email: <u>davep@flatironenergy.com</u>

5. API Number <u>05-121-09360-00</u>	6. County: <u>WASHINGTON</u>
7. Well Name: <u>KEJR 'V'</u>	Well Number: <u>4</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>1</u> Township: <u>2S</u> Range: <u>56W</u> Meridian: <u>6</u>	
9. Field Name: <u>LARIAT</u> Field Code: <u>48150</u>	

Completed Interval

FORMATION: D SAND Status: SHUT IN Treatment Type: ACID JOB
Treatment Date: 12/09/2020 End Date: 12/09/2020 Date of First Production this formation: 09/23/1978
Perforations Top: 4972 Bottom: 4986 No. Holes: 56 Hole size: 3/8

Provide a brief summary of the formation treatment:

Open Hole:

A maintenance treatment was performed in order to remove scale and paraffin that were suspected of blocking the perforations. 500 gallons of 10% acetic acid with inhibitor, surfactant, iron control agent were dumped down the tubing annulus. The annulus was then loaded with 50 barrels of lease crude to flush the treatment fluid to the perms. The treatment was performed without using any surface pumping pressure. A copy of the field ticket is attached.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 63

Max pressure during treatment (psi): 0

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____

Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): 12

Number of staged intervals: _____

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 0

Disposition method for flowback: _____

Total proppant used (lbs): 0

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/26/2020 Hours: 24 Bbl oil: 3 Mcf Gas: 0 Bbl H2O: 35
Calculated 24 hour rate: Bbl oil: 3 Mcf Gas: 0 Bbl H2O: 35 GOR: _____
Test Method: Pump Casing PSI: 0 Tubing PSI: 10 Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 35
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4920 Tbg setting date: 12/17/2019 Packer Depth: _____

Reason for Non-Production: Maintenance treatment was to clean up the perforations in order to improve fluid entry. The treatment did not appear to improve fluid entry. The well quit pumping on 12/27/2020 and during the process of changing the pump a suspected casing leak was discovered. The decision was made to plug and abandon the well. A CIBP was run and set at 4936'KB and 2 sacks of cement were placed on top with a dump bailer.

Date formation Abandoned: 12/30/2020 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 4936 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

A Form 6 and a Form 27 have been submitted to the COGCC.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: David Peterson

Title: President Date: _____ Email: davep@flatironenergy.com

Attachment Check List

Att Doc Num	Name
402574311	OPERATIONS SUMMARY
402574312	OTHER
402574313	OTHER

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)